



Healthy Communities Access Program Annual Grantee Conference

Kids Get Care, Local Evaluation
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Public Health-Seattle & King County



Health Action Plan and Kids Get Care

The mission of the King County Health Action Plan is to implement innovative collaborative policy development and pilot projects that focus on system change and improvement of worsening health trends affecting vulnerable populations within King County.

Kids Get Care (KGC) is a program to ensure that children, regardless of insurance status, receive early integrated preventive physical, oral, developmental and mental health services through attachment to a health care home.

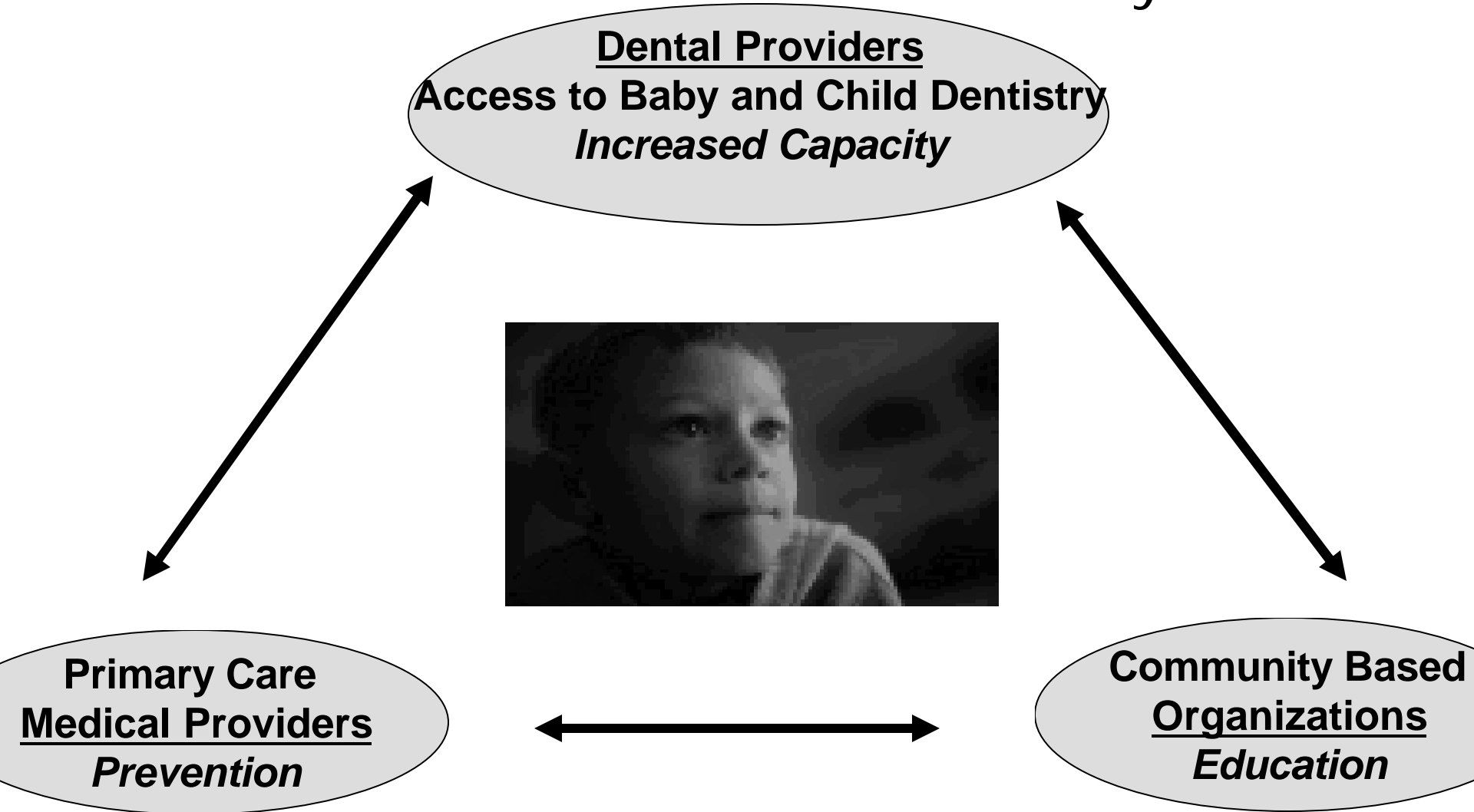
Children's Physical and Mental Health Needs

- Only 21% of Medicaid children in Washington State had complete Well Child Checks in 2001 (OMPRO 2001)
- Only 50% of commercially insured children nationwide are up to-date with Well Child Checks by 15 months of age (NCQA 2003)
- More children in Washington State are hospitalized for mental health problems than for injuries (Kids Count)
- Behavioral and emotional problems are 1.5 to 2 times more frequent in households with lower family incomes (Kids Count)

Oral Health Needs in King County

- Only 26% of Medicaid children 0 to 5 received any type of dental service in 2002 (MAA, 2003)
- Less than 5% of Medicaid children 0 to 2 have seen a dentist (MAA, 2003)
- Five times more children suffer from caries than from asthma (JAMA, 2000)
- Eighty percent of tooth decay is found in 25 percent of children (Ibid)

KGC's Strategy to Improve Physical and Oral Health In the Community



Operationalizing Integration in the Clinic

Case managers assure services are completed

“Seize the moment”



- Primary care providers (PCPs) do oral health screening, education, and fluoride varnishes

- PCPs refer kids to dentists prioritizing high risk



- Dentists provide oral health services and look “beyond the mouth”

- Dentists refer kids needing medical home to medical clinic

- Train PCPs in oral screening/education/fluoride varnishes

Promoting the Prevention Model

- KGC is consistent with the Chronic Care Model and quality improvement PDSA cycles
- KGC uses techniques identified by national prevention, service integration efforts (physical, oral, developmental, and mental health)
 - National Initiative for Children's Healthcare Quality
 - Institute for Healthcare Improvement
 - 2000 Surgeon General report on oral health
 - 1999 Surgeon General report on mental health

Program Achievements in First Two Years

41% average increase in percentage of two-year-olds up-to-date with Well Child Checks, from 53% to 75% overall

Over 7,000 children connected to health care homes

Over 35,000 children scanned for developmental milestones

Over 3,500 providers and community staff trained to provide developmental, oral health scans and health care home linkage

66% increase in oral health screenings at one medical clinic

Over 100 private dentists and staff participating in the ABCD program in the first six months

Educational video on Well Child Checks, and “red flags” checklists, available at www.metrokc.gov/health/kgc

Kids Get Care Cost Effectiveness

- Two-year-olds with up-to-date Well Child Checks are 48% less likely to have avoidable hospitalizations (Hakim, *Pediatrics*, July 2001)
- Children with a regular health care home are 37% less likely to visit the ER (Christakis, *Pediatrics*, July 2001).
- Paying for fluoride varnishes for Medicaid children 0 to 5 in King County costs \$1.4 million, while paying to fill cavities costs \$1.7 million (WDSF analysis, 2003)

Avoidable Hospitalizations among 2-year-olds

	Total	Private insurance	Medicaid	Other
Two-year-olds in WA	78,369	48,891	27,492	1,986
Costs of avoidable hospitalizations	\$4,990,000	\$1,500,000	\$3,120,000	\$361,000
Number of avoidable hospitalizations	1081	499	539	43

- Medicaid covers 35% of two-year-olds, yet pays for 63% of avoidable hospitalizations for two-year-olds statewide
- Statewide hospitalization database, CHARS

If Kids Get Care Were Statewide...

	Medicaid
Number of fewer avoidable hospitalizations	97
Number of fewer emergency room visits	55
Savings from avoided hospitalizations	\$561,605
Savings from avoided \$550 ER visits	\$30,288
Savings from one- and three-year-olds	\$1,183,785
Total hospital savings	\$1,775,678
Number of additional Kids Get Care sites at \$40,000	44

What Does Kids Get Care Cost?

	Number of Children	Costs per Child Per year	Comparisons
Children screened by trained community staff	17,286	\$14	
Children with a medical home	4,326	\$55	\$418 for <i>kids.health.2001</i> in Seattle \$268 for Healthy Spokane
Children receiving case management services	1,849	\$130	\$300 to \$500 are typical for case management interventions
Population of children at clinics	11,164	\$21	Compare to \$1.79 pmpm

The Policy Opportunities

Kids Get Care is an “assertive access” demonstration project that showing it is:

- It is more cost effective to provide well child care to young children than hospitalizations
- It is more cost effective to provide fluoride varnish to young children than caries treatment

Evaluation Helped Dissemination Efforts

OMPRO Clinical Advisory Panel meeting

Journal articles: Future of Children, Journal of Dental Education, Children & Youth Funding Report

RWJ Local Initiative Funding Partners Oral Health Cluster meeting

HRSA Maternal and Child Health Bureau webcast on Title V, Medicaid and local health departments and EPSDT

Conferences, meetings, presentations this fall

Evaluation and Policy Impact

- Three state conferences in fall: six more counties interested
- State Board of Health resolution in November: policy to remove financial barriers to prevention
- Statewide expansion considered for Governor's budget, Dec: Aiming for biennial budget next year
- Three health plan presentations: one grant obtained and two joint submissions
- Seattle Chamber of Commerce business-oriented presentation: may support expansion
- Children's Preventive Health Care Collaborative in WA

Role of Policy-focused Evaluation

HCAP provided initial funding

Three sites provided two years of data

Expansion to seven sites

Replication within two provider systems

State and local policy impact

Evaluation results enabled Kids Get Care to evolve to wider spheres of influence